



## The State Bar of California Discipline Referral Form

*Note: To be used by Judicial Officer only*

### I. PROFESSIONAL MISCONDUCT - GENERAL

Please complete this portion for referral to The State Bar of California of attorney discipline matters arising in the State and Federal Courts concerning possible violation of the Rules of Professional Conduct of the State Bar of California or the California Business and Professions Code.

#### Attorney Involved

Name \_\_\_\_\_ Bar member # \_\_\_\_\_  
Law firm affiliation, if any \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
If attorney is represented by counsel, name and address of such counsel \_\_\_\_\_  
\_\_\_\_\_

#### Nature of Discipline Referral

*Please provide the following information concerning the conduct of the attorney which may warrant disciplinary action.*

Name of misconduct (please provide documents if available) \_\_\_\_\_

Date(s) and location(s) of occurrence(s) \_\_\_\_\_

Name and case number or matter that attorney was handling when alleged misconduct occurred \_\_\_\_\_

Have any disciplinary or similar proceedings (re sanctions) been brought against the attorney under any court rule or statute?

Yes \_\_\_ No \_\_\_ If so, describe proceedings \_\_\_\_\_

Name, title, address and telephone number of person(s) to contact for further information \_\_\_\_\_  
\_\_\_\_\_

#### Report Submitted By/On Behalf Of

Name/Position \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Do you wish the State Bar to keep you informed of the status of the matter as a complainant? Yes No

## II. CRIMINAL ACTIVITY

Please complete this portion for referral to The State Bar of California if an attorney has been arrested/charged or convicted of any crime in any court.

### Attorney Involved

Name \_\_\_\_\_ Bar member # \_\_\_\_\_ Telephone \_\_\_\_\_

Law firm affiliation, if any \_\_\_\_\_

Address \_\_\_\_\_

If attorney is represented by counsel, name and address of such counsel \_\_\_\_\_

### Nature of Criminal Offense

Date of arrest \_\_\_\_\_

Nature of charges, including specific statutory grounds \_\_\_\_\_

Name of court/case # \_\_\_\_\_

Name of Prosecutor assigned to case \_\_\_\_\_

Name, title, address and telephone number of person to contact further information \_\_\_\_\_

### Conviction Information

Charges on which conviction was based, including specific statutory grounds \_\_\_\_\_

Date of conviction/plea \_\_\_\_\_

Sentence and date imposed \_\_\_\_\_ Date \_\_\_\_\_

Name of Prosecutor assigned case \_\_\_\_\_

### Report Submitted By/On Behalf Of

Name/Position \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAIL TO: Intake Unit  
The State Bar of California  
1149 South Hill Street  
Los Angeles, California 90015**